



## Michigan Oral Health Fact Sheet

A silent epidemic of dental and oral disease is affecting our most disadvantaged citizens – children from families with low income, children from racial and ethnic minority groups and the elderly. Dental caries remains the single most chronic disease of childhood, occurring 5-8 times as frequently as asthma. Children in Michigan suffer from a preventable disease – dental decay.

### The facts:

- Children age 0-3 have limited access to dental providers.
- Many dental professionals do not see children under 3, yet Early Childhood Caries (baby-bottle mouth) can devastate a child's mouth by age 2.
- Preventive dental care in the past 12 months for low-income children and adolescents (age 0-18) fell 24% below the HP 2010 target.
- Frequent consumption of juices, soda pops and sports drinks puts many Michigan children and adolescents at risk for caries.
- An average of 29.3% of Michigan parents send their child to bed with a bottle of juice, milk or soda; rates are higher for parents under 30 and Hispanics
- Just 23% of Medicaid children visited the dentist and only 21% had their teeth cleaned in 2002.
- Nationally, 37% of poor children aged 2 to 9 have one or more untreated decayed primary teeth, compared to 17% of nonpoor children.
- Poor adolescents aged 12 to 17 in each racial/ethnic group have a higher percentage of untreated decayed permanent teeth than the corresponding non-poor adolescent group.
- Community based health centers and local health departments with an oral health component is 46% below the HP 2010 target
- Michigan spent less than 1% on Medicaid dental health expenditures in 2002.
- 3 of every 10 hospital emergency room visits are dental related.
- 37% of Michigan's citizens live in non-water fluoridated communities and do not receive the decay-reducing benefits from community water fluoridation.

### Oral health is important to total body health:

- Social Impact:
  - Oral health is related to well-being and quality of life as measured along functional, psychosocial and economic dimensions.
  - U.S. school children missed a total of 1.6 million days of school due to acute dental conditions, or more than 3 days for every 100 students in 2000.
  - Diet, nutrition, sleep, psychological status, social interaction, school and work are affected by impaired oral health.
  - The inability to bite, chew and swallow foods limits food selection and leads to poor nutrition.
  - Oral-facial pain, as a symptom of untreated dental and oral problems is associated with sleep deprivation, depression and multiple adverse psychosocial outcomes.

- Oral Health and its Relationship to Other Diseases
  - The oral cavity is a portal of entry as well as the site of disease for bacterial and viral infections that affect general health status.
  - Research suggests that inflammation association with gum disease (gingivitis and periodontitis) may increase the risk for heart disease and stroke, premature births in some females, difficulty in controlling blood sugar in people with diabetes, and respiratory infection in susceptible individuals.
  - The bacteria from a mothers mouth is spread to the child, placing the child at greater risk if the mother has a mouth infection.

How to improve oral health:

- Community Water Fluoridation
  - Community water fluoridation is one of the 10 greatest public health achievements in the past century and has been the basis for primary prevention of caries for the past 60 years.
  - While 87% of Michigan residents served by community water systems receive adequately fluoridated water, citizens in the Northern Lower Peninsula and the Western Upper Peninsula are much less likely to have access to fluoridated water.
- School-based/School-linked Sealant Programs
  - A dental sealant is a protective coating for a tooth that is effective in preventing decay in areas of the tooth most prone to dental decay – the chewing surfaces of molar teeth.
  - In Michigan, 33% of children ages 8-9 had dental sealants on their 1<sup>st</sup> molars; African Americans and Hispanics were less likely to have sealants placed than whites. However, all racial and ethnic groups fail to meet the 50% objective set forth by HP 2010.
  - A school-based/school linked sealant program combined with community water fluoridation can reduce dental decay by 83-92%.
  - The cost of a sealant (\$16-24) is much less expensive than a dental filling (\$78-\$135).
- Provide education and dental intervention programs to WIC and Head Start.
- Establish a fluoride varnish program for high-risk children under 5. Fluoride varnish is paint on fluoride that protects teeth for up to 6 -9 months. Cost per application is less than 65 cents per child.
- Increase the Healthy Kids Dental Program to all counties.

Need more information? Visit the MDCH/Oral Health web page: <http://michigan.gov/oralhealth> or e-mail [oralhealth@michigan.gov](mailto:oralhealth@michigan.gov)

Here you will find:

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Oral Health Grant Opportunities

Information on the Oral Health Coalition

Oral Health Resources and Documents

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Oral Health Links

Dental Brochures and Fact Sheets

Oral Health Programs